

WATER WELL R ☐ Original Record ☐		VV VV C-3	2000			ion of Water	I		Well ID		
		e in Well Use Fraction				rces App. No		n Numb		aga Numbar	
1 LOCATION OF WATER WELL: County:		1/4 1/4 1/4		1/4	Section Number			Township Number T S		Range Number R □ E □ W	
2 WELL OWNER: La				Durol	al Address where well is located (if unknown, distance and						
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance a direction from nearest town or intersection): If at owner's address, check here											
Address:	discussion from nearest town of intersection). If at owner 3 address, effects field.										
Address:											
City:	State:	ZIP:				1					
3 LOCATE WELL	4 DEPTH OF COM	PLETED WE	LL:		ft	5 Latitud	de·			(decimal degrees)	
WITH "X" IN	Depth(s) Groundwater Encountered: 1)				. 10.	ft. 5 Latitude:					
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 1				Dry Well Datum: \(\text{WGS 84} \) \(\text{NAD 83} \) \(\text{NAD 27} \)						
	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr					GPS (unit make/model:)					
NW NE	above land surface, measured on (mo-day-yr				☐ Land Survey ☐ Topographic Map					(o)	
W X E	Pump test data: Well water was ft.										
W E	after hours pumping gp					☐ Online Mapper:					
SW SE	Well water was ft. after hours pumping gp										
	Estimated Yield:gpm					6 Elevation :ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to									pographic Map	
mile	in. to f										
7 WELL WATER TO BE USED AS:											
1. Domestic:	5. ☐ Public Wa	ter Supply: well	ID			10. 🔲 Oil	Field Water S	upply: le	ease		
☐ Household	6. ☐ Dewatering: how many wells?										
☐ Lawn & Garden	7. Aquifer Recharge: well ID										
Livestock	8. Monitoring: well ID					12. Geothermal: how many bores?					
2. Irrigation	9. Environmental Remediation: well ID				•••	a) Closed Loop Horizontal Vertical					
3. Feedlot	☐ Air Sparge ☐ Soil Vapor Extr					b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. Industrial Recovery Injection 13. Other (specify):											
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:											
Water well disinfected?											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded											
Casing diameter											
Casing height above land surface											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) ☐ Other (Specify) ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)											
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:											
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)											
	☐ Key Punched ☐ W					ne (Open Ho		C11 y /			
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PAC	CK INTERVALS: Fron	n ft. to .		ft., Fro	m	ft. to	ft.,	From	ft. to	ft.	
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Nearest source of possible											
☐ Septic Tank	☐ Lateral Line					ivestock Pen			cide Storage		
☐ Sewer Lines	Cess Pool	Sewa				uel Storage		_	oned Water		
	☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
☐ Other (Specify) Direction from well? ft.											
10 FROM TO	LITHOLOG		om we	FROM						G INTERVALS	
TO TROM TO	LITHOLOG	JIC LOG		1 ROW	1	10 1	EITHO. LOG	(cont.) or	TLOGGIIV	GITTERVILD	
				Notes:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged											
under my jurisdiction and was completed on (mo-day-year)											
Kansas Water Well Con	tractor's License No	Th	is Wat	ter Well I	Recor	rd was com	pleted on (m	o-day-y	ear)		
under the business name of											
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.											
Lo Department of Health at	Luvironincii, Duicau 01 V	, a.c., Geology Beel	1011, 100	O D 11 Jack	الا 1100.	, Duite +20, I	opena, mansas	,0012-130	rerephone	, , oo 270-3303.	